



# Multnomah Treatment Fund (MTF) Provider Training

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# Orientation

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*Please  
sign in!*



**Restrooms  
and exits.**



**With your help, we  
are building an FAQ.  
Please use note  
cards for questions.**

# Introductions

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- Name, pronouns
- Agency/affiliation
- Role in agency
- How has the MTF program impacted your agency or clients? *OR* What do you expect the impact will be on your agency or clients?



# Agenda

TIME	TOPIC	PRESENTERS
2:30 - 2:50	<ul style="list-style-type: none"><li>● Orientation</li><li>● Introductions</li><li>● Contracts Update</li><li>● MTF and Indigent Medications Review</li></ul>	Christa Jones
2:50 -3:15	<ul style="list-style-type: none"><li>● Statement of Work</li><li>● MTF Eligibility Criteria</li><li>● MTF Request Form and Timelines</li><li>● Documentation Requirements</li></ul>	Hilary Gray
3:15 - 3:40	<ul style="list-style-type: none"><li>● Authorization Process</li></ul>	Brenda Kemple-Richards Julia Brown
3:40 - 3:50	<ul style="list-style-type: none"><li>● Technical Billing</li></ul>	Bree West
3:50-4:15	<ul style="list-style-type: none"><li>● Indigent Medications Overview</li><li>● Contract Compliance</li><li>● Monthly Allotment Payments</li></ul>	Kevin Coughlin
4:15 - 4:30	<ul style="list-style-type: none"><li>● Questions and Wrap-Up</li></ul>	All

# Contract Process Update

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- New Procurement
- Contracts Progress to date
  - Contracts out for signature
  - Some have been executed!
- New processes and expectations going forward
  - We have initiated new processes to improve MTF:
    - [Online MTF request form](#)
    - New Authorization process
    - Compliance requirements



# MTF Program Review

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- Funding Source
- Population Served
- General Overview:
  - Safety net program
  - Using limited funds to best serve need
  - Limited resource for community members who qualify
    - 425+ clients per month
  - Ten provider contracts
  - Goal is for providers to assist with more permanent supports/coverage.



# Program Eligibility and Expectations

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## Statement of Work At-A-Glance with Equity Statement

### Eligibility:

- No Insurance that will cover Mental Health Services
- Financial requirement (200% of 2019 Federal poverty level or below)
- High need/High risk



### Expectations:

- Client meets all criteria
- Mental Health Assessment and Treatment Plan in Records
- Documentation requirements - [Insurance documentation](#) kept in records to show client has no insurance but that provider gave assistance
- Fill out Google request form every year to continue services
  - At 6 month mark send e-mail request through CIM to extend services
- Utilize Outcome tool like ACORN

# MTF Timeline

Note: For existing clients who are new to this new process, fill out google form at 6 months to start them in this new process



30 Days



6 Months



5-6 Months



## Providers Ensure MTF Criteria is Met for Client

- Financial Criteria
- Insurance Criteria
- Mental Health Assessment/Tx plan in records
- DSM V Diagnosis on prioritized list - above the line
- Documentation of insurance eligibility documentation in records

## Provider submits MTF [Google request form:](#)

- Submits within 30 days of MHA/TX plan
- If approved, county creates client in CIM and notifies client of approval
- Provider inputs initial authorization for services
- Use Level of Care that you use with HealthShare clients

## If client still needs/qualifies for MTF after 6 months:

- Provider Submits e-mail to [Multnomah.Treatment.Fund@multco.us](mailto:Multnomah.Treatment.Fund@multco.us) through CIM to request extension
- If approved, Multnomah County provides 6 month extension
- Provider inputs authorization for services

## If client still qualifies for MTF at 1 year:

- Start again at step one.



All Forms Available on our website: <https://multco.us/mhas/multnomah-treatment-fund>



# MTF Request Form



The screenshot shows the top portion of a Google Form titled "Multnomah Treatment Fund (MTF) Request Form". At the top left is the Multnomah County logo, which consists of a stylized green mountain and blue water waves. To the right of the logo, the text "Multnomah County" is displayed in a blue, sans-serif font. Below the logo and title, the form contains several paragraphs of text providing instructions and contact information. At the bottom left, there is a grey button labeled "NEXT". To the right of the button is a progress indicator showing a blue bar and the text "Page 1 of 5". At the very bottom, a small note reads "Never submit passwords through Google Forms."

**Multnomah County**

## Multnomah Treatment Fund (MTF) Request Form

Contracted providers who request MTF must complete this form within 30 days of completing an eligible client's mental health assessment/treatment plan. Multnomah County will contact provider on status of the request. If the request is approved, provider can then enter authorization into CIM.

If, at 6 months, it is clinically appropriate for client to continue services and they are still eligible, you may request an extension via a CIM e-mail request to [Multnomah.Treatment.Fund@multco.us](mailto:Multnomah.Treatment.Fund@multco.us).

If the client qualifies and still needs MTF services at 1 year, you must resubmit this request form, and keep mental health assessment/treatment plan and financial/insurance verification documentation in the client's records.

For more information, including client criteria and documentation requirements, see: <https://multco.us/mhas/multnomah-treatment-fund>

Questions? Contact [Multnomah.Treatment.Fund@multco.us](mailto:Multnomah.Treatment.Fund@multco.us)

**NEXT** Page 1 of 5

Never submit passwords through Google Forms.

## Form Use

- Initial enrollment
- Year enrollment
- Existing clients up for enrollment in this new process
- At 6 months you will send extension request through e-mail in CIM

# Documentation Requirements

- Client who is enrolling in MTF should have a recent Mental Health Assessment (MHA) and Treatment Plan (Tx plan) updated in clients record.
  - Within 30 days of initial enrollment
  - If need services beyond a year (and qualify) will have an updated MHA and Tx yearly
- Documentation that client meets financial and insurance criteria:
  - To meet this requirement, this [form](#) can be filled out and saved in client records for auditing purposes:
- County will do periodic audits to ensure documentation requirements are met

Mental Health and Addictions Services

Multnomah County Health Department

Multnomah Treatment Fund (MTF) - Client Insurance Verification Documentation  
Utilize this form to document that clients meet the insurance MTF criteria. Save a copy of this form in the client records. Multnomah County will do periodic audits to ensure that provider completed this form and that clients meet insurance requirement for MTF.

Provider Information:  
Date Filled out (dd/mm/yyyy): \_\_\_\_\_ Person Completing \_\_\_\_\_  
Provider Agency: \_\_\_\_\_ Provider Site Name: \_\_\_\_\_

Client Information and Financial Resources:  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Affirmed Name: \_\_\_\_\_  
Date of Birth (dd/mm/yyyy): \_\_\_\_\_  
Income below 200% of Federal Poverty line?  Yes  No

Investigation of Insurance Payment Sources

Insurance Source	Info Applied	Date Verified
Medicaid/Oregon Health Plan		
Medicare		
Private Insurance		
Other, please specify:		
Not applicable (please explain):		

Service provider initiated application for health insurance benefits for client?  Yes  No  
Application completed by: \_\_\_\_\_ Date applied: \_\_\_\_\_  
Was client present and assisted?  Yes  No  
Applied for (check): CHIP Medicaid Referred to Benefits Eligibility Specialist Team (BEST)  
Response Accepted Advised to Reapply on later date Appealing Decision  
Reason for ineligibility or denial: \_\_\_\_\_

Certification by Authorized Contractor/Billing Agency  
I hereby acknowledge that the above-named person has verified that this client has applied for Medicaid (CHIP) and/or other benefit/entitlement programs for which they may be eligible. To the best of my knowledge, no payment source is available for services. This contractor will confirm this client's eligibility for MTF funding. If other funding sources become available to the client, contractor will notify MHAAD and will bill those sources. All required documents will be on file and subject to audit by Multnomah County Mental Health & Addictions Services.

Electronic Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: Multnomah Treatment Fund (multco.us) Fax: 503.586.3337 Page 1 of 1  
C:\msdnet\0219

# Provider Initial Authorization Process

- Who enters auths into CIM already for HSO type auths?
- Link to CIM website: <https://cim3.phtech.com>
- Choose Member Search and enter name and DOB, or Member ID to locate client

Last Name	<input type="text"/>	SSN/MBI	<input type="text"/>	Carrier	All Carriers	<input type="button" value="Search"/>
First Name	<input type="text"/>	DOB	<input type="text" value="mm/dd/yyyy"/>	Member ID	1234567	<input type="button" value="Reset"/>
			Eligibility Date	<input type="text" value="mm/dd/yyyy"/>		

- Then choose ID number with enrollment for MTF entry

<a href="#">1234567</a>	Multnomah Treatment Fund	01/01/2013 - 10/02/2020
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# Entering Authorization Into CIM cont'd

- Client enrollment will pop up for entry -
- Through member screen:
  - Click the button that says Submit Pre-Auth
- Request for 6 months

<b>Address 1:</b> 123 NW 12th Street <b>Address 2:</b> <b>City/State:</b> Portland, OR 97209 <b>Phone:</b> (503) 915-9999 <b>Alt Phone:</b> <b>SSN:</b> 999-99-9999 <b>DOB:</b> 06/23/1994 (Age 25Y) <b>Language:</b> ENGLISH <b>Gender:</b> M <b>Condition:</b> <b>Contact:</b>	<b>Plan:</b> Multnomah Treatment Fund <b>Phone:</b> (503) 584-2169 <b>Fax:</b> (503) 566-9801 <b>Email:</b> <a href="mailto:billingsupport@multco.us">billingsupport@multco.us</a> <b>Benefit Plan:</b> Multnomah Treatment Fund <b>Indigent</b> <b>Member ID:</b> 1234567 <b>Effective:</b> 01/01/2013 <b>Termination:</b> 10/02/2020 <b>Coverage Code:</b> <b>Flags:</b> PRIME AUTH
<b>Member's PCP:</b> <i>No PCP defined for this member</i> <a href="#">(PCP History)</a>	
<b>Other Coverages:</b> <ul style="list-style-type: none"><li>• <a href="#">COB Record Exists</a></li></ul>	

[print](#)

or



# Entering Authorization Into CIM cont'd

- Enter Auth by tabbing through and filling out highlighted areas
- Referring and delivering provider will be the same for Provider Entry
- Diagnosis Code Group is “Primary Authorization”
- Procedure Code Group: appropriate level of care for client, Once selected choose submit

Authorization Details

Type:  Referral  Pre-Authorization

Relationship to Auth:  Specialist Requesting Approval from PCP

Urgency: Standard

Dates: Start: 10/01/2019 End: 10/2/2020

Referring Provider: [Cascadia Behavioral Health \(NPI: 1336196401\) - Cascadia Behavioral Health](#)

Delivering Provider: [Cascadia Behavioral Health \(NPI: 1336196401-MH\) - Cascadia Behavioral Health](#)

Auth/Referral Type: Outpatient Adult MTF

Facility: None

Multi-Service Line (MSL): No

Diagnosis Code Group(s): [Edit](#)  
Primary Authorization (000-ZZZ)

Services

Filter Table  Showing 1 to 1 of 1 entries

Code Groups	Max Visits/Units	Max Dollars
Level B Adult MTF	[None]	[None]

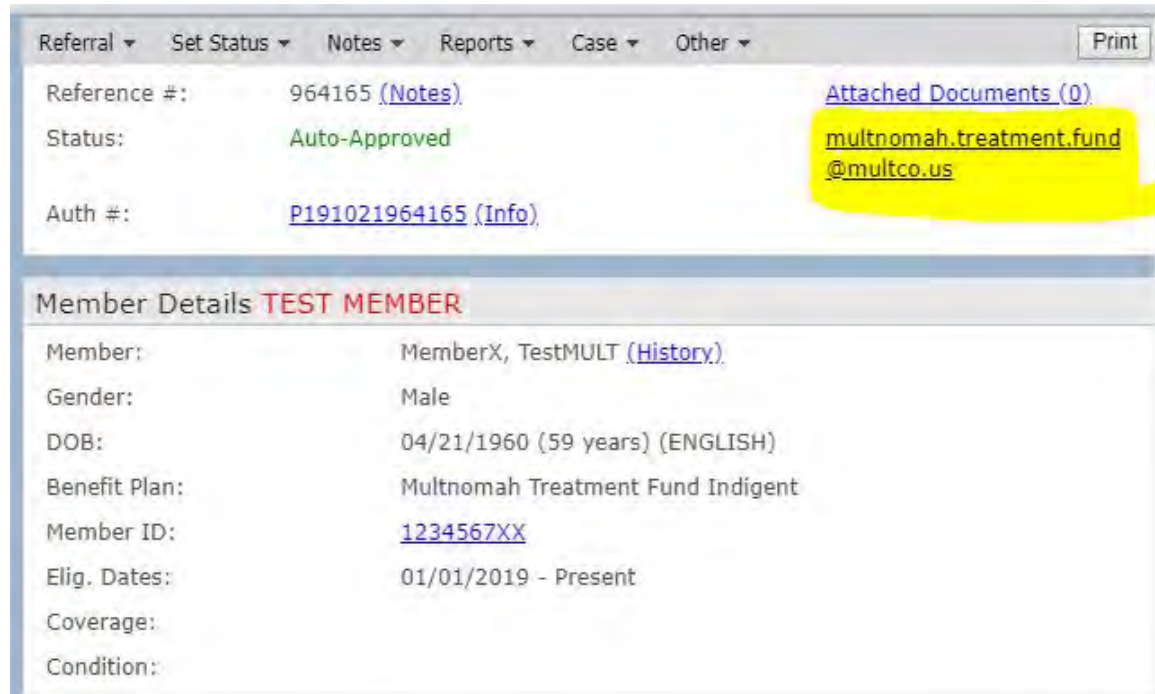


Multnomah Treatment Fund  
 Entering Authorizations - Selections to Make in CIM

Auth/Referral Type	Diagnosis Code Group	Procedure Code Group
<b>Level B</b>		
Outpatient Children MTF	Primary Authorization	Level B Child MTF
Outpatient Adult MTF	Primary Authorization	Level B Adult MTF
Outpatient Adult MTF	Primary Authorization	Level B Adult SPMI MTF
<b>Level C</b>		
Outpatient Children MTF	Primary Authorization	Level C Child MTF
Outpatient Adult MTF	Primary Authorization	Level C Adult MTF
Outpatient Adult MTF	Primary Authorization	Level C Adult SPMI MTF
<b>Level D</b>		
Outpatient Children MTF	Primary Authorization	Level D Child HBS MTF
Outpatient Adult MTF	Primary Authorization	Level D Adult MTF

# Authorization Process to Extend/Close Client

Six months renewal for extending auth, or closing client. Please email us at: [multnomah.treatment.fund@multco.us](mailto:multnomah.treatment.fund@multco.us) through the client current authorization



Referral ▾ Set Status ▾ Notes ▾ Reports ▾ Case ▾ Other ▾ Print

Reference #: 964165 [\(Notes\)](#) [Attached Documents \(0\)](#)

Status: Auto-Approved [multnomah.treatment.fund@multco.us](mailto:multnomah.treatment.fund@multco.us)

Auth #: [P191021964165 \(Info\)](#)

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Member Details **TEST MEMBER**

Member: MemberX, TestMULT [\(History\)](#)

Gender: Male

DOB: 04/21/1960 (59 years) (ENGLISH)

Benefit Plan: Multnomah Treatment Fund Indigent

Member ID: [1234567XX](#)

Elig. Dates: 01/01/2019 - Present

Coverage:

Condition:

# When would you close a client?



When a client's coverage has changed and client receives OHP, OHP plus, CAWEM Plus, or private insurance they may no longer qualify for MTF

- Email Multnomah County with new information to close the clients MTF service auth
- County will then close the enrollment in Cim with the closed effective date.



**CLOSED**





# Technical Billing

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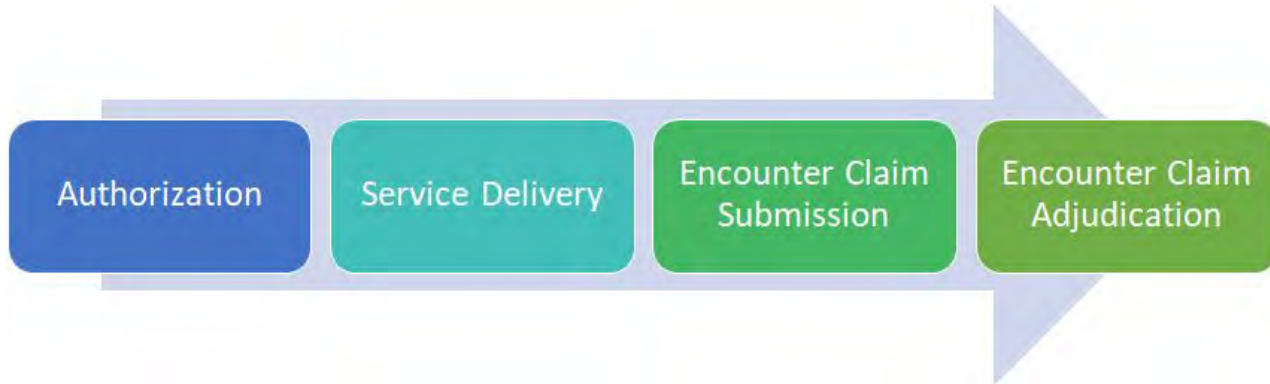
## Encounter Claims are Required

### What are encounter claims?

- A report of health care services provided to a Multnomah Treatment Fund member
- The same as fee for service claims in every way except payment

### Why are encounter claims required?

- Contract compliance
- Ensure that funds are being used to serve target population
- Inform future contracting decisions



# Technical Billing

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## Timely Filing Importance

- Timely submission of encounter claims is a way for providers to demonstrate to the county that they are providing services as agreed upon in their contract
- Encounter data allows us to look at utilization trends and can inform future contracting decisions
  - For example, if the data shows that more services are being provided to a target population than expected, and we are seeing positive outcomes as a result, this might signal us to explore future contracting and funding options/needs to best serve that population



# Technical Billing Cont.

## Encounter Claims Submission

- Electronic Data Interchange (preferred)
  - [EDITeam@phtech.com](mailto:EDITeam@phtech.com)
- Mailing paper claims
  - Must be on original CMS 1500 claim forms (the one printed with red ink) so they can be scanned into the system

### Things to Note

- Rendering provider NPI is required
- Clean encounter claims must be **received** within **120 days** of the date of service
  - Mailing the claim on day 120 will result in timely filing denial
- Reprocess requests must be made within **90 days** of the original adjudication date



# Technical Billing Cont.

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## Encounter Claim Adjudication

### Adjudication Points of Review

- Processed in accordance with Medicaid rules including NCCI edits
- Eligibility on DOS and authorization for DOS
- Covered diagnosis and paired service code per Prioritized List

### Common Claims Adjustment Reason Codes (CARCs)

(this is not an exhaustive list)

- 24 - Charges are covered under capitation agreement
- 08 - The procedure is inconsistent with the provider type
- 96 - Non-covered charge(s)
- 197 - Precertification / authorization absent
- 29 - The time limit for filing has expired

### Work Encounter Claim Denials

- It is important to work encounter claim denials, when encounter data is reviewed, we are looking at approved encounter claims



APPROVED



REJECTED



DENIED

# MTF Medication Program Overview

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Overview at <https://multco.us/mhas/help-paying-medication>

- Helps pay for psychiatric medications for uninsured, low-income Multnomah County residents as part of their immediate mental health treatment
- It's available to clients who meet the criteria for the [Multnomah Treatment Fund](#).
- You do not need to be receiving assistance from the Multnomah Treatment Fund to qualify.

## How It Works

- If a client qualifies, a Multnomah County-contracted mental health provider may request up to a 60-day supply of medications. This qualification lasts for 6 months, and then you must reapply.
- You do not need an outpatient authorization to request assistance.
- **We have added three new injectable/IM medications: Haldol Decanoate, Prolixin IM and Risperidone Consta.**



***We have limited funds and can only cover formulary medications.***

# MTF Medication Program Process

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## Step 1:

The agency's prescriber fills out and emails the Indigent Client Pharmacy Log to [Multnomah.Treatment.Fund@multco.us](mailto:Multnomah.Treatment.Fund@multco.us)

The provider adds these records to the client's chart:

- Insurance/financial verification
- Application for pharmaceutical grants for low-income individuals

## Step 2:

Fax the Indigent Client Pharmacy Log to one of our contracted pharmacies:

**Brooklyn Pharmacy, Inc.**

Contact: Pat Hubbell  
3131 SE Milwaukie Avenue  
Portland, OR 97202  
503-234-3488  
503-235-0373 fax

**Genoa Healthcare**

18417 SE Oak St  
Gresham, OR 97030  
503-465-5849  
503-912-7571 fax  
[Genoahhealthcare.com](http://Genoahhealthcare.com)  
(link is external)

**Gateway Medical Pharmacy**

Contact: Billy Cao  
1125 NE 99th Avenue  
Portland, OR 97220  
503-254-7383  
503-254-4568 fax

**Luke Dorf Pharmacy**

Contact: Robert Grimm  
11349 NE Sandy Boulevard  
Portland, OR 97220  
503-597-3904  
503-597-3905 fax

More information and Pharmacy Log Form available on MTF Pharmacy website:

<https://multco.us/mhas/help-paying-medication>

# MTF Medication Program Process cont.

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## Step 3

The pharmacy will then fill up to 30 days of medication at a time. The client can refill the prescription for 60 days. The pharmacy will invoice us according to their contract.

## Step 4

The agency will make every attempt to get the client onto another on-going prescription assistance or the Oregon Health Plan before the 60 days run out.

It can take up to 2 months or more to get prescription assistance. Be sure to get started on this as soon as you apply for indigent medications.

Prescription assistance programs:

- Medicine Assistance Tool
- Needy Meds



## Lab Draws

We also reimburse lab draws related to prescribed psychiatric medications received through this program. You must order and pay for the lab work before your agency can request reimbursement.

To request reimbursement, send us an invoice with proof of payment to the address on the website

# Contract Compliance/Audit

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- An audit will be conducted every 6 months by staff from Multnomah County MHASD.
  - On site or via record review
  - Letter/email will be sent 6 weeks prior to audit.
- What we will review during audit period:
  - CIM reports and Google Request form data
  - Encounter data
  - Mental Health Assessment
  - Treatment Plan
  - Insurance verification form





# Contract Highlights - Scope of Treatment

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2) Contractor shall provide the following services, as appropriate:



- a) Mental health assessment, level of need determination and treatment planning;
- b) Case management and coordination of care;
- c) Individual, family and group therapy based on Evidence-Based Practices;
- d) Integrated Adult Mental Health and Addiction Services including case management, supported housing, education and employment. psychiatric and addiction services;
- e) Flexible and Wraparound Services;
- f) Recovery Oriented and Trauma Informed Mental Health Services;

# Contract Highlights - Scope of Treatment

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- g) In-home and community based services;
- h) Crisis services during business hours and 24 hour/7 day per week response by phone and/or in person by staff who are familiar with the consumer to de-escalate crisis situations;
- i) On-site hospital discharge planning and discharge coordination,
- j) Psychiatric assessment and medication evaluation, management, and/or monitoring;
- k) Mental health support services to adult residential facilities and transitional housing programs for authorized consumers;
- l) Services for consumers with specialized health care needs, such as medical and psychiatric co-morbidity, developmental disabilities, chronic homelessness and addiction disorders;
- m) Alignment of service delivery with individual, culturally specific needs of adult and family; and
- n) Other individualized and clinically necessary services.

Expectations for appointments with MTF clients:

C. Contractor shall attempt to engage consumers and provide access for a second appointment within fourteen (14) calendar days of the first visit. Then an additional two visits, each 14 calendar days apart for a total of four (4) clinical visits within the first forty-five (45) calendar days of care.

# County Quality Review Process

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- A. County will do regular reviews of reports and data to ensure that vendor is meeting Contract requirements.
  - 1) Contractor shall participate in a utilization review conducted six (6) months by the County to ensure funds are utilized to the maximum benefit of the community.
  - 2) On a quarterly basis, County will monitor the number of consumers served and perform utilization reviews. Contractor shall manage their MTF allocation to serve an average of (specified in contract anywhere from 8 to 160) authorized MTF SPMI Adult Outpatient consumers per month.
  
- B. County will run periodic reviews of encounter and clinical data. County will offer feedback of findings and work with Contractor to remedy any issues related to service provision. County will work with the Contractor to make sure clients receiving MTF services and paperwork is done properly.

# Questions and Wrap Up

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- Review notecards
- Next steps: executed contracts!
- Review of resources
- Questions? E-mail: [multnomah.treatment.fund@multco.us](mailto:multnomah.treatment.fund@multco.us)
  - Make sure your e-mail is on sign-in sheet as we will send any follow-up information to you here.



# Frequently Asked Questions (FAQ)

**How frequently do we complete insurance documentation?** Yearly

**How does MHA/tx plan get to Multco?** This will be kept in clients record and should be updated yearly

**Do we need to notify you when a client is closed from our services during an MTF auth period?** Yes, please e-mail us at [Multnomah.Treatment.Fund@multco.us](mailto:Multnomah.Treatment.Fund@multco.us) so we can close out client.

**What happens if a client only loses coverage for a short period of time?** If it is likely that client will regain coverage, utilize that coverage instead of MTF if possible.

**How does provider know if the member is it the six month or 1 year renewal point?** Providers are responsible for keeping track of where client is in the MTF process.

**Clear up requirements for “underinsured” and medicare. Are all eligible or only if they have Medicare part A & no B?** If client only has Medicare Part A (inpatient only) that would be considered underinsured and therefore they would be eligible for MTF.

Other helpful documents: [MTF Scope of Work at a Glance](#) & [MTF Auth Selection Hand out](#)

If you have further questions don't hesitate to contact the MTF team at [Multmomah.Treatment.Fund@multco.us](mailto:Multmomah.Treatment.Fund@multco.us)